

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		0		2		
6		0		2		
7	1			2		
8		0		2		
9		0				
10		0		2		
11		0				
12	1		1			
13						
14						
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47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DER.		↓	15	↓		↓
TOTAL CLAIMS			18			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
53						
54						
55						
56						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088406		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		2		1			53			
4		(1)					54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
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24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			